

**TOWN OF GREENBURGH POLICE DEPARTMENT
CIVILIAN COMPLAINT FORM**

CATEGORY 1 OR 2

INCIDENT TYPE:	WHEN REPORTED:	RELATED INCIDENT #: SIU#:
TIME OF INCIDENT:	LOCATION OF INCIDENT:	
COMPLAINT RECEIVED: <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> LETTER <input type="checkbox"/> 3 RD PARTY <input type="checkbox"/> ANONYMOUS		

COMPLAINANT'S INFORMATION:

NAME:	STREET ADDRESS:	HOME PHONE:
DOB:	CITY: STATE: ZIP:	BUS.:

WITNESS(S) INFORMATION:

1) NAME:	STREET ADDRESS:	HOME PHONE:
DOB:	CITY: STATE: ZIP:	BUS.:
2) NAME:	STREET ADDRESS:	HOME PHONE:
DOB:	CITY: STATE: ZIP:	BUS.:

DETAILS OF COMPLAINT: (TO BE HANDWRITTEN BY COMPLAINANT, IF POSSIBLE.
NOTE: USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED)

NOTE:
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK,
ANY INCORRECT OR FALSE STATEMENTS CONTAINED IN THIS INSTRUMENT IS
PUNISHABLE AS A CLASS A MISDEMEANOR. I HEREBY AFFIRM THAT THE
FORGOING STATEMENTS ARE TRUE UNDER PENALTY OF PERJURY DATED THIS
_____ DAY OF _____ 20 _____

SIGNATURE OF COMPLAINANT SIGNATURE OF RECEIVING OFFICER

FORWARDED BY: _____
TO: _____ DATE: _____

NOTE: THE RECEIVING OFFICER SHALL COMPLETE A SUPERVISOR REPORT, UF100 NOTING DISPOSITION AND/OR REFERRAL. THE RECEIVING OFFICER SHALL FORWARD CATEGORY 2 COMPLAINTS TO MEMBER'S IMMEDIATE SUPERVISOR TO COPY TO MEMBER'S DIVISION CO. UPON RECEIPT OF A CATEGORY 1 COMPLAINT, IMMEDIATELY NOTIFY MEMBER'S DIVISION COMMANDER AND SIU.